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INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED

09/18/2019

COMPLAINT CODE

4-Medical

COMPLAINT FILE NUMBER

WSPF-2019-16379

INSTRUCTIONS FOR INMATE:

- Complete ALL sections of this form
- You MUST use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.

INMATE NAME	DOC NUMBER	HOUSING UNIT	FACILITY
Mr. Robert L. Collins , under duress	84404	ALPHA	WSPF
LOCATION OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT	
A-RI-121-L	Sept. 9th, 2019	unknown/Afternoon	

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the ONE issue, of this complaint. What remedial action are you requesting?

I was and am being "Denied" ~~Medical~~ Medical "examination/Treatment" For an physical injury to my Right Hand.

With whom did you attempt to resolve your ONE issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

Sgt. Steven schieder; C. O. Jones; Dr. Eileen Gavin.
Nothing was done To Treat me.

What are the details surrounding this complaint?

Today!, is The first Time That I've been able To write a complaint about This incident... Because my Right Hand is my ~~my~~ writing hand. And Even as I write This Complaint my hand is "still swollen" and in Pain... AT Some Time in The afternoon, on 9/9/2019 I had a heated conversation with, unit manager L. Brown at my Cell Front... And I punched my steel DOOR, and I ~~believe~~ That I "broke" a bone! in my hand. So, Five or Ten Minutes after unit Manager Brown left my Cell I pushed the Cell inter-~~com~~ and told Sgt. schieder That I had injured my hand, and That I thought I had broke it, and That I Need To See a Nurse. Thats when Sgt. schieder told me that he would contact HSL for me; Now I don't know what the exact ~~time~~ time was?

INSTRUCTIONS

The department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission. A complaint will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue.

A complaint must contain sufficient information for the department to investigate and decide the complaint.

An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

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INMATE COMPLAINT/APPEAL (CONTINUED)
WSPF-2019-16379.

INMATE NAME	DOC NUMBER	HOUSING UNIT	FACILITY
Mr. Robert L. Collins, under Duress	84404	Alpha	WSPF

at This Point, but I Had To be Near 3' o'clock. SO, I waited until after Supper Meal, round about 4:30 or 5:00 and Pushed The intercom asked again To See a Nurse. And This Time I Told Sgt. Schiedeler That my hand had swollen-ups and I was in pain... I was Told That he had Contacted HSU and That They Said That They were sending Someone down. I waited about another 30 Minutes and Pushed The intercom and asked To See the dam Nurse... This Time Sgt. Schiedeler Told me That he Talked with Nurse Jeremy RN, and Jeremy Told him To give me an Ice pack, and That He would not be Coming To The unit. That same Night inmate Gregory Walker # 515523 Filled out an HSU Blue Slip for me; Because my hand was swollen so bad I couldn't write... And again on 9/12/2019 because I couldn't write... And C.O. Jones Verbally Told me in front of inmate Walker, That he C.O. Jones Contacted HSU on 9/10/19 and 9/11/19 about Seeing me about my swollen hand and pain. On both dates C.O. Jones gave me ILE.

On 9/10/19 I left my Cell for a hair cut, and while being escorted down the unit hallway for my haircut, I Seen Dr. Gavin standing There Talking To another staff Member. And as I Passed I showed her my swollen hand; And Said "I Need To See you". Here IT is Nine days later and My hand is still plainly swollen and I'm in pain. Even as I write this... And I still have not been Seen by a Nurse or Doctor!... I've been given ~~nothing~~ Nothing for the pain but ICE. And AS I've already stated I have broke a bone in my hand... And This Denial of Medical Treatment is a Violation of My Eighth Amendment Constitutional Rights. I want To be Seen and my hand X-rayed!..

SIGNATURE OF INMATE

Mr. Robert L. Collins, under Duress

DATE SIGNED

9/17/2019

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Each complaint shall meet all of the following requirements:

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- (b) Be legibly handwritten or typed.
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- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission.

A complaint will not be processed and a referral for disciplinary action may occur in accordance with Ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue. A complaint must contain sufficient information for the department to investigate and decide the complaint. An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

Appeals shall meet all of the following requirements:

- (a) Be submitted on a form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the CCE.
- (g) Be limited to the issue raised in the original complaint.

An appeal will not be processed and a referral for disciplinary action may occur in accordance with Ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

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